



Town of LaGrange Parks & Recreation Department

120 Stringham Road
LaGrangeville, NY 12540

845-452-1972 www.lagrangenyny.gov



Changing Lives...Inspiring Play...Fostering Teamwork!

Field Usage Application

Date of Application

League or Organization

Not for Profit Tax ID (if applicable)

Copy of 501(c)3 must be attached

Contact Person's Last Name

First Name

Date of Birth

Email

Home Phone

Cell Phone

Work Phone

Skill Level/ Age of Participants

Start Date

End Date

League/Program Insured by: _____ Attach Certificate of Insurance

Check Fields Requested:

- LaGrange Park: ___Field 1 ___Field 2 ___Field 3 ___McCluskey ___Lynn Bennett ___Senior ___Lyons
- Stringham Park: ___Soccer Fields ___LaCrosse Fields
- Overlook Park: ___Football Field
- MacGhee Park: ___Baseball Field

Individual Days (Use next page for additional dates)

Date _____	Time _____	- _____	(Practice or Game) # of hours (2 hr min) _____	x \$20 = \$ _____
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Total from Back Page = \$ _____

Total Due at time of Registration = \$ _____

Note: Scheduled dates and times are final. No refund or rescheduling will be made after initial registration unless the activity is cancelled by the Parks & Recreation Department. Additional reservations may be added if available.

LaGrange Parks & Recreation Field Use Application

Fee discounts as follows:

Youth sport teams with at least 35% LaGrange resident participation may receive field use at \$15.00 per hour. Proof of residency required by providing team rosters with addresses.

Note: Fields will not be lined for practices or in the event of inclement weather. Please check availability before scheduling games. If fields need lining on weekends and staff are required, arrangements must be made with Recreation Director and staff will be paid by user if staff are available.

When traffic control and parking supervision is required, arrangements must be made with the Parks & Recreation Director. If staff are required and available, applicant will be charged \$30.00 per hour, per staff member unless applicant provides his/her own staff. This must also be approved by the Parks Director.

Notes and Special Requests:

List additional days and times if needed:

Date_____	Time_____	- _____	(Practice or Game) # of hours (2 hr min)_____	x \$20 = \$_____
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Date_____	Time_____	- _____	(Practice or Game) # of hours (2 hr min)_____	x \$20 = \$_____

The applicant assumes all liability for his/her use of the premises without limitation. The applicant shall defend indemnify, and hold harmless the Town of LaGrange from any action, cause of action, judgment of claims of any nature whatsoever arising out of or relating to the applicants use of the facility. It is the understanding of the Town of LaGrange Town Board that the Park facilities will be left in good order and participants will comply with the rules and regulations established for Park facility conduct. Applicant shall be responsible for any damage to the environs of the Park facility. The applicant does not have exclusive use of the entire Park.

Applicant's Signature: _____ Date: _____

Please mail signed application, check and insurance coverage (where applicable) to:

Town of LaGrange Parks & Recreation
120 Stringham Road
LaGrangeville, NY 12540

Please make checks payable to Town of LaGrange

Office Use Only

Approved by: _____

Date approved: _____

Fee Amount: \$_____

Cash: _____

Check #: _____

Received by: _____

Date Received: _____